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**FAX COVER SHEET**

Date:	September 9, 2004	Phone Number	Fax Number
To:	Examiner Woo H. CHOI	(703) 872-9306	
From:	Kevin J. Zilka		

Docket No.: NVIDP033A/P000873

**App. No.: 10/657,957**

Total Number of Pages Being Transmitted, Including Cover Sheet: 19

**Message:**

Please deliver to Examiner CHOI.

Thank you,

Kevin J. Zilka

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September 9, 2004

## PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: ) Attorney Docket No.: NVIDP033A\_P000873  
 Van Dyke et al. ) Examiner: Choi, Woo H.  
 Application No.: 10/657,957 ) Group Art Unit: 2186  
 Filed: 09/08/03 ) Date: September 9, 2004  
 For: SYSTEM AND METHOD FOR A HIGH )  
 BANDWIDTH-LOW LATENCY MEMORY )  
 CONTROLLER )

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## CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, Alexandria, VA 22313-1450 atm: Examiner Choi at facsimile number (703) 872-9306 on the above date.

Signed:   
 Erica L. Parlow

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After Amendment	Highest Previously Paid For Extra	Present	SMALL ENTITY RATE FEE	OR	LARGE ENTITY RATE FEE	
TOTAL CLAIMS	27	-	25	02	X09 = \$	OR	X 18 = \$ 36.00
INDEP CLAIMS	04	-	04	00	X43 = \$	OR	X 86 = \$
[ ] Multiple Dependent Claim Present and Fee Not Previously Paid				\$145			\$290
				TOTAL	\$		\$ 36.00

Applicant(s) hereby petition for a month extension of time to respond to the outstanding Office Action. Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-1351.

Enclosed is our Check No. in the amount of \$ to cover the additional claim fee and/or extension of time fees. If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-1531 (Order No. NVIDP033A\_P000873) A copy of this sheet is enclosed for billing purposes.

Respectfully submitted,  
 Zilka-Kotab, PC

Kevin J. Zilka  
 Registration No. 41,429

P.O. Box 721120  
 San Jose, CA 95172-1120  
 Telephone: (408) 971-2573

(Revised 1/96)

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(Revised 1/06)

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